



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Yoshitaka TSUNASHIMA et al.

Serial No. : 09/803,265

Filed : March 9, 2001

For : ***SEMICONDUCTOR DEVICE HAVING A GATE INSULATING FILM STRUCTURE INCLUDING AN INSULATING FILM CONTAINING METAL, SILICON AND OXYGEN AND MANUFACTURING METHOD THEREOF***

Examiner : Jennifer M. Dolan

Group Art Unit : 2813

#10/B
1409
9-6-03
NE

745 Fifth Avenue
New York, New York 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 20, 2003.

Bruno Polito, Reg. No. 38,580

Name of Applicants, Assignee or Registered Representative

Signature

August 21, 2003

Date of Signature

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TECHNOLOGY CENTER 2800

AMENDMENT AFTER FINAL ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Final Action mailed on May 21, 2003, which sets a three-month response period. Please amend this application as follows:

Do not enter
- gmb 9/19/03



PATENT
790001-2002

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Applicant : Yoshitaka TSUNASHIMA et al.
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Examiner : Jennifer M. Dolan
Art Unit : 2813

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	15	Minus	** = 25	* 0 x	\$18 (9)	= 0
Independent claims	8	Minus	*** = 16	* 0 x	\$84 (42)	= 0
Total additional fee for this amendment						0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280(\$140) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Bruno Polito, Reg. No. 38,580

Name of Applicant, Assignee or Registered Representative

Bruno Polito
Signature

August 21, 2003

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:

Bruno Polito
Bruno Polito
Reg. No. 38,580
Tel: 212-588-0800